

CITY OF SAN DIEGO
ADULT RESCUE AND FITNESS TRAINING PROGRAM (ARAFT)
Waiver and Release of Liability

For and in consideration of the participation in the Adult Rescue and Fitness Training Program (ARAFT), I acknowledge and agree that:

1. The City of San Diego does not maintain health insurance for injuries to the ARAFT participants that may arise out of involvement in the ARAFT Program;
2. By virtue of my participation I risk bodily, including paralysis, dismemberment, and death, and other loss including damage to property;
3. I knowingly and freely assume all such risk;
4. Said participant shall complete a pre-registration self-assessment of swimming and fitness abilities, and may be required to perform a qualifying swim assessment before acceptance into the program, and will engage in various physical activities on the beaches and in the waters of the Pacific Ocean and Mission Bay. I, the undersigned, hold harmless and promise not to sue the City of San Diego, its officers, agents, employees, with respect to any and all such injury, paralysis, dismemberment, property damage, death or loss, except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations;
5. I will follow all ARAFT Program safety rules as well as other rules or directions given during participation in the program. I realize that participation in all ARAFT Program activities and events is voluntary.

Participant's Name

Date

-----MEDICAL INFORMATION-----

The purpose of this section is to help ensure that we provide the safest possible environment for our ARAFT participants. Please complete this section and return with your program registration form.

Name: _____

Are you currently under a Doctor's care, required to take any prescribed medications, or do you have any other physical limitations or special needs of which we should be aware? Please list:
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